County: Lafayette LAFAYETTE MANOR

719 EAST CATHERINE, BOX 167

DARLI NGTON 53530 Phone: (608) 776-4472	}	Ownershi p:	County
Operated from 1/1 To 12/31 Days of Operation:	365	Hi ghest Level Li cense:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	97	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	100	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	80	Average Daily Census:	85
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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Length of Stay (12/31/01)	%		
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	26. 3
Supp. Home Care-Personal Care	No					1 - 4 Years	48. 8
Supp. Home Care-Household Services	No	Developmental Disabilities	1. 3	Under 65	7.5	More Than 4 Years	25 . 0
Day Services	Yes	Mental Illness (Org./Psy)	11. 3	65 - 74	12. 5		
Respite Care	Yes	Mental Illness (Other)	6. 3	75 - 84	27. 5		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0. 0	85 - 94	41.3	**********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0.0	95 & 0ver	11. 3	Full-Time Equivaler	nt
Congregate Meals	Yes	Cancer	0. 0		[Nursing Staff per 100 Re	esi dents
Home Delivered Meals	Yes	Fractures	7. 5		100. 0	(12/31/01)	
Other Meals	Yes	Cardi ovascul ar	41.3	65 & 0ver	92. 5		
Transportati on	No	Cerebrovascul ar	11. 3			RNs	15. 6
Referral Service	No	Di abetes	10. 0	Sex	%	LPNs	5. 2
Other Services	Yes	Respi ratory	2. 5		Ì	Nursi ng Assi stants,	
Provi de Day Programming for	j	Other Medical Conditions	8. 8	Male	30.0	Ai des, & Orderlies	46. 7
Mentally Ill	No			Female	70.0		
Provi de Day Programming for	j		100.0		j		
Developmentally Disabled	Yes				100.0		
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Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther			Pri vate Pay	;		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0
Skilled Care	2	100.0	314	58	92. 1	98	0	0.0	0	13	86. 7	125	0	0.0	0	0	0.0	0	73	91. 3
Intermediate				4	6. 3	80	0	0.0	0	2	13. 3	110	0	0.0	0	0	0.0	0	6	7. 5
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				1	1.6	104	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1. 3
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2	100.0		63	100.0		0	0.0		15	100.0		0	0.0		0	0.0		80	100. 0

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Admissions, Discharges, and Deaths During Reporting Period	l	Percent Distribution	of Residents'	Condi ti ons	, Servi ces	s, and Activities as of 12/	31/01
8 1 8		1		% Ne	edi ng		Total
Percent Admissions from:		Activities of	%		ance of	% Totally	Number of
Private Home/No Home Health	12. 5	Daily Living (ADL)	Independent		Two Staff		Resi dents
Private Home/With Home Health	0. 0	Bathi ng (0.0		0. 0	10. 0	80
Other Nursing Homes	1. 3	Dressi ng	16. 3	7	3. 8	10. 0	80
Acute Care Hospitals	80.0	Transferri ng	28. 8	6	2. 5	8. 8	80
Psych. HospMR/DD Facilities	0.0	Toilet Use	26. 3	6	5. 0	8. 8	80
Reĥabilitation Hospitals	0.0	Eati ng	75. 0	1	8. 8	6. 3	80
Other Locations	6. 3	**************	******	******	******	******************	*****
Total Number of Admissions	80	Conti nence		% Sp	ecial Trea	tments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	7. 5	Recei vi ng	Respiratory Care	10. 0
Private Home/No Home Health	43. 9	Occ/Freq. Incontinent	of Bladder	61. 3	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	3. 7	Occ/Freq. Incontinent	of Bowel			Sucti oni ng	0. 0
Other Nursing Homes	1. 2	i •				Ostomy Care	0. 0
Acute Care Hospitals	13. 4	Mobility			Recei vi ng	Tube Feeding	1. 3
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	3. 8	Recei vi ng	Mechanically Altered Diets	30. 0
Reĥabilitation Hospitals	1. 2]			Ü	· ·	
Other Locations	1. 2	Skin Care		0t	her Reside	ent Characteristics	
Deaths	35. 4	With Pressure Sores		10. 0	Have Advar	ce Directives	68. 8
Total Number of Discharges		With Rashes		3.8 Me	di cati ons		
(Including Deaths)	82	İ			Recei vi ng	Psychoactive Drugs	60. 0

	This Other Hospital- Facility Based Facilities			Al l	
			Fac	ilties	
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	84. 6	88. 1	0. 96	84. 6	1.00
Current Residents from In-County	80. 0	83. 9	0. 95	77. 0	1.04
Admissions from In-County, Still Residing	20. 0	14. 8	1. 35	20. 8	0. 96
Admissions/Average Daily Census	94. 1	202. 6	0. 46	128. 9	0. 73
Discharges/Average Daily Census	96. 5	203. 2	0. 47	130. 0	0. 74
Discharges To Private Residence/Average Daily Census	45. 9	106. 2	0. 43	52. 8	0. 87
Residents Receiving Skilled Care	91. 3	92. 9	0. 98	85. 3	1. 07
Residents Aged 65 and Older	92. 5	91. 2	1. 01	87. 5	1.06
Title 19 (Medicaid) Funded Residents	78. 8	66. 3	1. 19	68. 7	1. 15
Private Pay Funded Residents	18. 8	22. 9	0. 82	22. 0	0.85
Developmentally Disabled Residents	1. 3	1. 6	0.80	7. 6	0. 16
Mentally Ill Residents	17. 5	31. 3	0. 56	33. 8	0. 52
General Medical Service Residents	8. 8	20. 4	0. 43	19. 4	0.45
Impaired ADL (Mean)*	40. 0	49. 9	0.80	49. 3	0.81
Psychological Problems	60. 0	53. 6	1. 12	51. 9	1. 16
Nursing Care Required (Mean)*	6. 9	7. 9	0. 87	7. 3	0. 94